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UNITED STATES.

Reports of States, and yearly and monthly reports of cities.

CONNECTICUT.—Month of February, 1890. Reports to the State board of health, New Haven, from 168 cities and towns having an aggregate population of 759,022, show a total of 1,089 deaths, including phthisis pulmonalis, 132, small-pox, 3; measles, 1; scarlet fever, 7; diphtheria and croup, 47; whooping-cough, 17; and enteric fever, 15.

The following is extracted from the *Monthly Bulletin*:

Almost all the zymotic diseases were less fatal than in January. The most marked differences, however, are noted in the fatal results from diseases of the lungs—especially pneumonia—the deaths from that cause being only 177 in February against 396 in January. Bronchitis caused 39 less deaths and consumption 67 less than in the previous month. No one has offered any other explanation of this remarkable disparity in the number of deaths in two consecutive months from the same diseases than the depressing influence of the prevailing epidemic called influenza or la grippe. The total difference in mortality from all diseases between January and February was 559 in favor of the latter month.

Diphtheria still maintains a prominent activity among the fatal diseases. For two or three months it has prevailed in New Haven on the eastern side of the town, and there is good reason to believe would have done so much more than it has, except for the practice lately inaugurated of requiring prompt notification to the board of health, by which through such degree of isolation and disinfection as was practicable in private families, often in tenements, it was much restricted. Diphtheria is many times as dangerous as small-pox. The mortality from the former is probably 100 to 1 of the latter in this country. In other places where boards of health are better organized, have more means and authority, and are better sustained by public sentiment than in New Haven, it is being demonstrated that diphtheria and other infectious diseases can be much restricted and often stamped out in communities by well-known methods. But these methods must be thoroughly followed—half-way measures give but a limited success, comparatively. It is an indication of progress, however, in New Haven, that during the month the local board instituted legal proceedings against two medical practitioners, and recovered the penalties for neglecting to notify the

board of their contagious patients. One of those patients was apparently the focus of infection which has carried grief and bereavement into so many families in the eastern part of that city.

Small-pox, which started, as it very commonly does, from a rag department of a paper mill, appeared in January in Windsor Locks. It appeared soon after in some of the adjoining towns; one case in Waterbury. These cases were immediately put under proper regulations and controlled, but in Meriden the disease has been allowed greater liberty. The first suspicious case was reported to the health authorities. Six doctors examined it, but as four asserted it was chicken-pox and only two thought it varioloid, the majority of course ruled and no protective measures were taken. The laws of nature, however, are not subject to majorities like the health authorities of Meriden. Meriden was also unfortunate in being a double-headed town, having two boards of health, a town board and a city board. So that when a little after, other cases of "chicken-pox" ripened into the genuine small-pox, there was still no decisive and energetic action taken to control it and protect the public. On the contrary, with astonishing deliberation the two boards of health officials called a joint meeting for the *next day*. This meeting, which the secretary of the State board of health was invited to attend, was not called to decide upon the best methods of guarding the public. Those questions did not seem to be interesting. The chief discussion was whether the town or the city was liable for what expense might be incurred. Upon this pitiful dispute, with small-pox in several places in the city, these two august bodies, the representatives of sanitary administration in the town and in the city of Meriden, wasted time wrangling without result, when every passing hour was precious to prevent the spread of the contagion.

Is it remarkable that with such guardians of the public health there were a dozen cases of small-pox in Meriden before the end of the month?

All the health boards of Meriden are entitled to this notice for the benefit of the rest of the State.

ILLINOIS—*Aurora*.—Year 1889. Population, 21,000. Total deaths, 347, including croup, 6; diphtheria, 21; enteric fever, 7; whooping-cough, 7; and scarlet fever, 5.

MICHIGAN.—Week ended March 15, 1890. Reports to the State board of health, Lansing, from 52 observers, indicate that cerebro-spinal meningitis, membranous croup, inflammation of brain, dysentery, typhoid fever, pneumonia, and whooping-cough increased, and that cholera infantum, cholera morbus, typho-malarial fever, small-pox, puerperal fever, and measles decreased in area of prevalence.

Diphtheria was reported at 27 places, and scarlet fever at 33 places. Enteric fever decreased by 29 per cent., and was reported at 10 places. Measles at 54 places, and one case of varioloid at Big Rapids.

NEW JERSEY—*Hudson County*.—Month of February, 1890. Population, 292,734. Total deaths, 526, including phthisis pulmonalis, 65; measles, 1; scarlet fever, 5; diphtheria, 38; whooping-cough, 9; and enteric fever, 14.

RHODE ISLAND.—Month of February, 1890. Reports to the State board of health from towns representing an estimated population of 306,510, show a total of 540 deaths, including phthisis pulmonalis, 61; croup, 9; diphtheria, 20; enteric fever, 20; influenza, 25; measles, 13; scarlet fever, 6; and whooping cough, 7.

The *Monthly Bulletin* says:

Reports of sickness in the State for the month of February indicate a large decrease in the general amount or number of persons sick, the falling off resulting in a large measure from the subsidence of the epidemic influenza and its sequelæ.

Compared with the previous month, bronchitis, pneumonia, and typhoid fever were reported as prevailing in less than half as many cases, and the influenza in less than a quarter as many.

The number of localities from which some of the most important of the zymotic diseases were reported were as follows: Croup, 4; diphtheria, 5; influenza, 23; measles, 8; scarlatina, 7; whooping-cough, 5.

Compared with the corresponding month in 1889, pneumonia, influenza, diphtheria, measles, and whooping-cough were more prevalent in 1890, and bronchitis, croup, typhoid fever, and scarlatina were more prevalent in 1889.

No disease was reported as having epidemic prevalence.

TEXAS—San Antonio.—Month of February, 1890. Population, 50,000. Total deaths, 52, including phthisis pulmonalis, 6; croup, 1; diphtheria, 1; and enteric fever, 1.

Publications received.

From A. R. Carter, Esq., secretary health department, Baltimore, Md., annual report of the health department, Baltimore, Md., 1889.

From the Illinois State board of health, annual reports for 1887-'8, 1881, 1886, and 1887. Also, first annual report, July 12, 1877, to December 31, 1878, and annual reports for 1886 and 1887.

From the Iowa State board of health, biennial reports for 1885, 1887, and 1889.

From the State board of health, Augusta, Me., annual reports for 1885, 1886, 1887, and 1888.

From the State board of health of Connecticut, annual reports for 1884 and 1887.

From the State board of health of Kansas, annual reports for 1885, 1886, 1887, and 1888.

From the State board of health of Vermont, the second annual report of the secretary of the State board of health, 1888.

From the Ohio State board of health, the annual reports of the State board of health for the years ending October 31, 1888, and October 31, 1889.

From the Rhode Island State board of health, the annual reports of the State board of health for 1879, 1880, and 1888.

From J. T. Reeve, M. D., secretary State board of health, Appleton, Wis., annual reports of the State board of health for 1878, 1879, 1880, 1882, 1885, and 1887, and biennial reports for 1882.

MORTALITY TABLE, CITIES OF THE UNITED STATES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—									
				Cholera.	Yellow fever.	Small-pox.	Varicella.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping-cough.
New York, N. Y.	Mar. 22	1,605,425	772						5	12	28	11	10
Chicago, Ill.	Mar. 22	1,100,000	468						24	8	25		3
Brooklyn, N. Y.	Mar. 22	852,467	326						1	4	17		4
Baltimore, Md.	Mar. 22	500,343	178						5		3	20	4
St. Louis, Mo.	Mar. 8	450,000	157						22	22			
Boston, Mass.	Mar. 22	420,000	217						22	22	10		12
Cincinnati, Ohio.	Mar. 22	325,000	128						22		6	1	12
San Francisco, Cal.	Mar. 14	300,000	132						1		1		
New Orleans, La.	Mar. 15	254,000	164								1		
Washington, D. C.	Mar. 15	250,000	121						8	1			
Washington, D. C.	Mar. 22	250,000	115						5	1			
Detroit, Mich.	Mar. 15	250,000	67						1		6		
Cleveland, Ohio.	Feb. 22	240,310	92						1	1	3	6	1
Cleveland, Ohio.	Mar. 1	240,310	118						1	1	3	8	1
Cleveland, Ohio.	Mar. 8	240,310	94						4	1	1	7	1
Cleveland, Ohio.	Mar. 15	240,310	120						1	1	3	6	1
Louisville, Ky.	Mar. 22	227,000	56						3		1		1
Newark, N. J.	Mar. 22	193,500	79						1	1	1		2
Denver, Colo.	Mar. 21	150,000									3		
Providence, R. I.	Mar. 22	130,000	51								1	1	
Indianapolis, Ind.	Mar. 21	129,346	41								1		
Toledo, Ohio.	Mar. 21	92,000	28								2		
Fall River, Mass.	Mar. 22	60,000	33						3				1
Nashville, Tenn.	Mar. 22	68,531	32						1				1
Charleston, S. C.	Mar. 15	60,145	40										
Charleston, S. C.	Mar. 22	60,145	34						1				
Manchester, N. H.	Mar. 22	45,000											
Portland, Me.	Mar. 2	42,000	13								1		3
Council Bluffs, Iowa.	Mar. 16	35,000	6										
San Diego, Cal.	Mar. 12	32,000	4										
Yonkers, N. Y.	Mar. 14	31,000	8										
Yonkers, N. Y.	Mar. 21	31,000	4										
Binghamton, N. Y.	Mar. 22	30,000	12										2
Newport, R. I.	Mar. 20	23,000	8										1
Rock Island, Ill.	Mar. 16	16,000	3										
Pensacola, Fla.	Mar. 15	15,000	5								1		

* Eleven of these were firemen who were killed by falling walls.

FOREIGN.

(Reports received through the Department of State and other channels.)

GREAT BRITAIN—*England and Wales.*—The deaths registered in 28 great towns of England and Wales during the week ended March 8 corresponded to an annual rate of 26.6 a thousand of the aggregate population, which is estimated at 9,715,559. The lowest rate was recorded in Cardiff, viz, 19.2, and the highest in Manchester, viz, 45.6 a thousand. Diphtheria caused 2 deaths in Bolton, 2 in Liverpool, 2 in Sheffield, and 2 in Newcastle-upon-Tyne.

London.—One thousand eight hundred and eighty-nine deaths were registered during the week, including measles, 35; scarlet fever, 12; diphtheria, 19; whooping-cough, 95; enteric fever, 4; and diarrhoea and dysentery, 9. The deaths from all causes corresponded to an annual rate of 22.3 a thousand. Diseases of the respiratory organs caused 510 deaths. In greater London 2,357 deaths were registered, corresponding to an annual rate of 21.3 a thousand of the population. In the "outer ring" the deaths included measles, 8; diphtheria, 7; whooping-cough, 21.

Ireland.—The average annual death rate, represented by the deaths registered during the week ended March 8, in the 16 principal town districts of Ireland, was 32.8 a thousand of the population. The lowest rate was recorded in Wexford, viz, 4.3, and the highest in Galway, viz, 53.8 a thousand. In Dublin and suburbs 191 deaths were registered, including measles, 5; enteric fever, 2; whooping-cough, 8; and influenza, 6.

Scotland.—The deaths registered in eight principal towns during the week ended March 8 corresponded to an annual rate of 26.7 a thousand of the population, which is estimated at 1,345,563. The lowest mortality was recorded in Perth, viz, 20.3, and the highest in Aberdeen, viz, 30.7 a thousand. The aggregate number of deaths registered from all causes was 690, including measles, 29; scarlet fever, 7; diphtheria, 11; whooping-cough, 44; fever, 4; and diarrhoea, 9.

FRANCE—*Marseilles.*—Month of February, 1890. Population, 375,378. Total number of deaths, 1,107, including small-pox, 41; enteric fever, 11; diphtheria and croup, 21; measles, 5; and whooping-cough, 9.

BRAZIL—*Rio de Janeiro.*—Three hundred and thirteen deaths were registered during the week ended February 22, 1890, including yellow fever, 26; small-pox, 9; enteric fever, 3; and typhus, 10. Pulmonary diseases prevail. The United States consul says: "Frequent rains

cool the atmosphere and cleanse the city. There is no fear of an epidemic of yellow fever."

During the week ended February 15, there were 25 deaths from yellow fever, 10 from small-pox, 3 from enteric fever, and 7 from typhus, in a total of 312 deaths. The consul stated in that report that, while there was some increase in the number of deaths from yellow-fever, the disease had not become epidemic. It was confined exclusively to the filthy portions of the city and to the filthy people who inhabited them.

CUBA—*Havana*.—There were no deaths from yellow fever during the week ended March 13, 1890.

HAYTI—*Cape Haytien*.—Sixty-two deaths were recorded during the period from January 18 to March 8, 1890, inclusive. None from contagious diseases. The health of the city was good. Population, 15,000.

LEEWARD ISLANDS—*Antigua*.—One hundred and two deaths were reported during the period from December 28, 1889, to March 1, 1890, none of which were from contagious diseases. Population, 15,847.

HONDURAS—*Ruatán*.—No deaths were registered during the three weeks ended March 8, 1890.

WEST INDIES—*St. Thomas*.—Seventy-six deaths were registered during the four weeks ended February 28, 1890, including measles, 14.

BAHAMAS—*Nassau, N. P.*—March 15, 1890. City very healthy. Weather pleasant and dry.

The grippe at Constantinople—Its microbe undetermined—Its non-identity with dengue.

By A. ZAÉROS PACHA, Clinical Professor in the Imperial Faculty of Medicine.

[Translated for this Bureau from the *Revue Médico-Pharmaceutique*, Constantinople, February 28, 1890.]

Bacteriological examination was made of the first cases of grippe that came under our observation. These examinations bore on cases of simple grippe and of grippe complicated with pulmonary symptoms.

1. SIMPLE GRIPPE.

Blood: Examination revealed nothing extraordinary. Cultures made with it were invariably negative.

Urine: Nothing noteworthy, except that in three cases there was present a slight quantity of albumen, which subsequently disappeared.

Saliva and bronchial mucus: We found only the ordinary micro-organism of the mouth. The diplococcus pneumoniae was frequently observed even in subjects that presented no trace of pulmonary inflammation. These diplococci were not numerous in the case of simple grippe without pulmonary complications, but they were generally present.

The nasal mucus presented nothing extraordinary. In the case of two patients some pyogenic micrococci were present.

2. GRIPPAL PNEUMONIA AND BRONCHO-PNEUMONIA.

The sputum from grippal pneumonia and broncho-pneumonia has invariably revealed the presence of simple diplococcus, non-capsular, and of the capsule diplococcus of Friedlander. The former are incomparably more numerous than the latter. We have made many cultures of these bacteria. We have also found the staphylococcus and the streptococcus in the sputum of pneumonia patients. Some of our colleagues of the school of medicine have probably seen in our laboratory some highly interesting preparations of the pneumococcus and the staphylococcus pyogenes albus et aureus. We have not, however, been able to verify the existence of any new species of micro-organism, or one special to gripple.

With regard to another question, "Is the present epidemic dengue," we have to say that in our opinion the theory that the two diseases are identical is inadmissible. We have this year had opportunities of observing the two diseases with their respective complications. We have even treated on the same day cases of dengue and gripple, for dengue had not entirely disappeared from our city when the first cases of gripple were observed here. We have been convinced that the two diseases, while offering certain analogies, are not identical. The cephalalgia of gripple, though severe, is not the cephalalgia of dengue. The pains in the back, limbs and lumbar muscles observed in gripple do not in any way resemble the articular rheumatismoids of dengue. The transient and ephemeral anorexia of gripple is in no way similar to the persistent anorexia and the often unconquerable disgust for food observed in dengue. It is not accompanied by the peculiar fetid breath observed in the latter disease. The cutaneous eruption rarely observed in gripple is not the same as that of dengue, and is less frequent. Finally, even the complications of the two diseases are dissimilar. In our opinion, therefore, gripple is not dengue.

As to the microbe of gripple, we repeat that we have not verified any new or special species, *unless this malady is produced by pneumococci, capsular or non-capsular, the secretions of which, modified by causes still unknown to us, would impart to the results of their virulent action on the human organism the form of morbid entity designated as gripple or influenza.*

Dengue fever—Its extension from tropical to temperate regions.

[Translated for this Bureau from *Le Journal d'Hygiène*, Paris, February 27, 1890.]

In 1888 Dr. de Brun, professor in the Beirut Medical Faculty, predicted of dengue fever, the origin of which is probably tropical, that it had a tendency to extend into the temperate regions. "Its aggressive nature," he then stated in a report to the Academy of Medicine at Paris, "joined to certain other important considerations, leads me to believe that it threatens an attack, at no distant day, on the southern shores of Europe."

During the year 1889 Syria paid a fresh tribute to the disease. Overleaping the limits within which it had been restricted since 1861, dengue spread northward, attacking not only Cyprus, Rhodes, Syria, the Islands of the Grecian Archipelago, and Smyrna, but passing the frontiers of Europe to fall upon Constantinople, Salonica, and Athens.

M. de Brun describes this epidemic with the care and accuracy of an intelligent and conscientious observer. He brings out strongly the valuable indications, considered from the point of view of epidemiology and public medicine, presented by the epidemic of 1889.

It should be noted that dengue has passed one of the last outposts of the European frontier.

It is highly important that this disease, so long domiciled on the oriental littoral of the Mediterranean, should be understood before it is transplanted into Europe. Although a native of the tropics, it is readily acclimated in the temperate regions.

M. de Brun affirms the contagiousness of the disease. Dengue fever he describes as first localized, then as spreading from house to house and quarter to quarter of a city, advancing steadily and without retrogression. He declares every patient attacked with dengue fever to be a source of contagion to all around him, and forming, with those to whom he has imparted the contagion, a center of production and propagation of the disease.

The personal observations of Dr. de Brun prove that when dengue attacks the members of a household the domestic animals present an ephemeral indisposition, characterized by dejection, weakness, sometimes total want of appetite, and fever.

In conclusion Dr. de Brun takes formal issue with Van Lier, who maintains that dengue is telluric in its origin and coincides with seismic disturbances. Nothing of this nature occurred in Syria during the year 1889, yet the disease prevailed there during that period with unusual intensity.

Cessation of cholera in Persia.

[Translated for this Bureau from the *Revue Médico-Pharmaceutique*, Constantinople, February 28, 1890.]

According to the latest reliable information received at Constantinople, there has been a complete cessation of cholera in Persia within the last few days. The condition of the public health is reported as very satisfactory. As a precautionary measure, productions coming from Persia are still subjected to a five-days' observation on the Ottoman frontier.

A rumor is spreading that cholera has appeared in the Trans-Caucasus, in the environs of Tiflis and Baku. It is not officially confirmed.

MORTALITY TABLE—FOREIGN CITIES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—							
				Cholera.	Yellow fever.	Small-pox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.
London.....	Mar. 1....	5,758,500	2,248	.....	.....	.....	.....	7	16	32	26
Paris.....	Mar. 1....	2,260,945	1,214	.....	.....	4	.....	6	12	45	28
Glasgow.....	Mar. 8....	545,678	300	.....	.....	.....	.....	1	2	5	.....
Warsaw.....	Feb. 22....	445,770	213	.....	.....	10	.....	.....	3	10	.....
Calcutta.....	Feb. 1....	433,219	307	46	.....	14	.....	.....	.....	.....	6
Copenhagen.....	Mar. 1....	307,000	145	.....	.....	.....	.....	.....	2	11	.....
Palermo.....	Mar. 1....	250,000	94	.....	.....	.....	.....	1	1	1	.....
Rotterdam.....	Mar. 1....	203,486	117	.....	.....	.....	.....	1	.....	.....	.....
Rotterdam.....	Mar. 8....	203,486	116	.....	.....	.....	.....	1	.....	.....	.....
Genoa.....	Mar. 1....	180,213	109	.....	.....	2	3	.....	.....	.....	.....
Genoa.....	Mar. 8....	180,213	119	.....	.....	1	1	.....	.....	1	.....
Trieste.....	Feb. 22....	158,054	138	.....	.....	.....	.....	1	.....	2	.....
Trieste.....	Mar. 1....	158,054	106	.....	.....	.....	.....	.....	.....	2	.....
Stuttgart.....	Mar. 8....	125,510	53	.....	.....	.....	.....	.....	.....	7	.....
Pernambuco.....	Feb. 11....	120,000	86	.....	.....	.....	1	2	.....	.....	.....
Pernambuco.....	Feb. 18....	120,000	86	.....	.....	1	1	2	.....	.....	.....
Havre.....	Feb. 22....	112,074	61	.....	.....	.....	.....	1	.....	.....	.....
Havre.....	Mar. 1....	112,074	58	.....	.....	.....	.....	1	.....	1	.....
Catania.....	Mar. 3....	109,000	45	.....	.....	.....	.....	.....	.....	1	.....
Leghorn.....	Mar. 2....	103,659	60	.....	.....	.....	.....	.....	.....	.....	.....
Mayence.....	Mar. 4....	65,802	46	.....	.....	.....	.....	.....	1	7	.....
Cadiz.....	Mar. 1....	57,157	67	.....	.....	.....	.....	.....	.....	.....	.....
Vera Cruz.....	Mar. 13....	23,800	17	.....	.....	.....	.....	.....	.....	.....	.....
Gibraltar.....	Mar. 2....	23,731	12	.....	.....	.....	.....	.....	.....	.....	.....
Kingston, Can.....	Mar. 14....	18,284	13	.....	.....	.....	.....	.....	.....	.....	.....
Sagua.....	Mar. 8....	15,605	7	.....	.....	.....	.....	.....	.....	.....	.....
Sagua.....	Mar. 15....	15,605	6	.....	.....	.....	.....	.....	.....	.....	.....
Flushing, Neth.....	Mar. 1....	12,793	6
Flushing, Neth.....	Mar. 8....	12,793	7
La Guayra.....	Mar. 1....	7,428	11
La Guayra.....	Mar. 8....	7,428	2

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